

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE SENATE
09 FEB -3 AM 11:11

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines

Mark Pryor for US Senate

ADDRESS (number and street) Post Office Box 2720

☐ Check if different than previously reported. (ACC)

Little Rock

AR

72203

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00366401

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

AR

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the State of

5. Covering Period

11

25

2008

through

12

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Randy Massanelli

Signature of Treasurer

Electronically Filed by Randy Massanelli

Date

01

23

2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

FE5AN018

29020081037

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Mark Pryor for US Senate

Report Covering the Period:

From:

M M
1 1D D
2 5Y Y Y Y
2 0 0 8

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	1250.00	1250.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1250.00	1250.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	48943.80	79475.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	1000.00	1000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	47943.80	78475.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2185888.70	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Mark Pryor for US Senate

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than
Political Committees
(i) Itemized (use Schedule A).....
(ii) Unitemized.....
(iii) TOTAL of contributions *
from individuals..... ▶

250.00	250.00
0.00	0.00
250.00	250.00
0.00	0.00

- (b) Political Party Committees.....
(c) Other Political Committees
(such as PACS).....

1000.00	1000.00
0.00	0.00

- (d) The Candidate.....
(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

1250.00	1250.00
---------	---------

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00	0.00
------	------

13. LOANS

- (a) Made or Guaranteed by the
Candidate.....
(b) All Other Loans.....
(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00	0.00
0.00	0.00
0.00	0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

1000.00	1000.00
---------	---------

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

3147.84	3147.84
---------	---------

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

5397.84	5397.84
---------	---------

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	48943.80	79475.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	4000.00	4000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	52943.80	83475.16

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2233434.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	5397.84
25. SUBTOTAL (add Line 23 and Line 24).....	2238832.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	52943.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2185888.70

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

Daniel A. Smith

Mailing Address Post Office Box 242

City

Royal

State

AR

Zip Code

-71968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Realtor

Receipt For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
12 / 26 / 2008

Transaction ID: C3169664

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

3M PAC

Mailing Address PAC 3M Center Building 224-6S-03

City

St. Paul

State

MN

Zip Code

55144

FEC ID number of contributing
federal political committee.

C C00084475

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
12 / 26 / 2008

Transaction ID: C3169662

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

Arkansas Association of Counties

Mailing Address West Markham Street

City

Little Rock

State

AR

Zip Code

72201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

12 / 26 / 2008

Transaction ID: C3169663

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

HQ Lease Deposit Refund

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

First National Bank Of Crossett

Mailing Address 218 Main Street

City

Crossett

State

AR

Zip Code

71635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2725.17

Date of Receipt

MM / DD / YYYY
12 / 02 / 2008

Transaction ID: C3169659

Amount of Each Receipt this Period

2725.17

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

One Banc

Mailing Address P.O. Box 34113

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

422.67

Date of Receipt

MM / DD / YYYY
11 / 30 / 2008

Transaction ID: C3155670

Amount of Each Receipt this Period

232.30

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

One Banc

Mailing Address P.O. Box 34113

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

422.67

Date of Receipt

MM / DD / YYYY
12 / 31 / 2008

Transaction ID: C3232293

Amount of Each Receipt this Period

190.37

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3147.84

TOTAL This Period (last page this line number only)

3147.84

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

AR Minority Business Development

Mailing Address 2416 SouthChester

City Little Rock State AR Zip Code 72206

Purpose of Disbursement
Event Cancelled Check Returned
Candidate Name

012
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D211847

Date of Disbursement

12 / 29 / 2008

Amount of Each Disbursement this Period

-500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Orig. Reported 9/17/2008

B.

Full Name (Last, First, Middle Initial)

AT&T/Cingular

Mailing Address P. O. Box 16730

City Mesa State AZ Zip Code 85211

Purpose of Disbursement
Cell Phone Bill
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D211572

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

341.67

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

AT&T/Cingular

Mailing Address P. O. Box 16730

City Mesa State AZ Zip Code 85211

Purpose of Disbursement
HQ Phones
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D211573

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

398.31

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

239.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AT&T/Cingular</p> <p>Mailing Address P. O. Box 16730</p> <p>City Mesa State AZ Zip Code 85211</p> <p>Purpose of Disbursement Cell Phone Bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211574</p> <p>Date of Disbursement MM / DD / YYYY 12 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 175.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AT&T/Cingular</p> <p>Mailing Address P. O. Box 16730</p> <p>City Mesa State AZ Zip Code 85211</p> <p>Purpose of Disbursement Cell Phone Bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211587</p> <p>Date of Disbursement MM / DD / YYYY 12 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 343.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AT&T/Cingular</p> <p>Mailing Address P. O. Box 16730</p> <p>City Mesa State AZ Zip Code 85211</p> <p>Purpose of Disbursement HQ Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211588</p> <p>Date of Disbursement MM / DD / YYYY 12 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 344.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

FE5AN018

FEC Schedule B (Form 3) (Revised 02/2003)

29020081046

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A. Full Name (Last, First, Middle Initial) Boulevard Bread Company</p>	<p>Transaction ID: D211586 Date of Disbursement</p>
<p>Mailing Address 1920 North Grant</p>	<p>12 / 12 / 2008</p>
<p>City Little Rock State AR Zip Code 72207</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Food and Beverage</p>	<p>18.29</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>007 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) CDP Strategies, LLC</p>	<p>Transaction ID: D211571 Date of Disbursement</p>
<p>Mailing Address 124 West Capitol Avenue Suite 1630</p>	<p>12 / 01 / 2008</p>
<p>City Little Rock State AR Zip Code 72201</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Fundraising Exp: Postage, Printing, Office Supplies</p>	<p>875.85</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Comcast Cable</p>	<p>Transaction ID: D211590 Date of Disbursement</p>
<p>Mailing Address 801 Scott St,</p>	<p>12 / 29 / 2008</p>
<p>City Little Rock State AR Zip Code 72201</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Cable for HQ</p>	<p>229.03</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>001 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1123.17</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

Images

Mailing Address 100 South Louisiana

City Little Rock State AR Zip Code 72201

Purpose of Disbursement
Stationery

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D206335

Date of Disbursement

11 / 25 / 2008

Amount of Each Disbursement this Period

82.14

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

McCain Mini Storage

Mailing Address 3636 Highway 161

City North Little Rock State AR Zip Code 72117

Purpose of Disbursement
Annual Rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D211579

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

706.20

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

McCain Mini Storage

Mailing Address 3636 Highway 161

City North Little Rock State AR Zip Code 72117

Purpose of Disbursement
Annual Rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D211580

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

834.60

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1622.94

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 18

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) One Banc</p> <p>Mailing Address P.O. Box 34113</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Bank Fees, Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211592</p> <p>Date of Disbursement MM / DD / YYYY 12 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 40.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Schimanski and Associates</p> <p>Mailing Address 420 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fund. Exp.-Tickets for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211234</p> <p>Date of Disbursement MM / DD / YYYY 12 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 557.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Schimanski and Associates</p> <p>Mailing Address 420 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211578</p> <p>Date of Disbursement MM / DD / YYYY 12 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

FE5AN018

FEC Schedule B (Form 3) (Revised 02/2003)

29020081049

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) The Alfalfa Club</p>	<p>Transaction ID: D211582 Date of Disbursement</p>
<p>Mailing Address P.O. Box 65785</p>	<p>12 / 12 / 2008</p>
<p>City Washington State DC Zip Code 20035</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Tickets to Event Candidate Name</p>	<p>750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>012 Category/ Type</p>
<p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mrs. Joan Vehik</p>	<p>Transaction ID: D211232 Date of Disbursement</p>
<p>Mailing Address 12 Blue Ridge Circle</p>	<p>12 / 06 / 2008</p>
<p>City Little Rock State AR Zip Code 72207</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Admin/FEC Consulting Candidate Name</p>	<p>1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>001 Category/ Type</p>
<p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mrs. Joan Vehik</p>	<p>Transaction ID: D206325 Date of Disbursement</p>
<p>Mailing Address 12 Blue Ridge Circle</p>	<p>11 / 26 / 2008</p>
<p>City Little Rock State AR Zip Code 72207</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Admin/FEC Consulting Candidate Name</p>	<p>18000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>001 Category/ Type</p>
<p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>19750.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

FE5AN018

FEC Schedule B (Form 3) (Revised 02/2003)

29020081050

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

Quinten J. Whiteside

Mailing Address 8017 Coleridge Dr

City
North Little Rock

State
AR

Zip Code
72116-4930

Purpose of Disbursement
Travel Exp. - gas, food

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D206331

Date of Disbursement

11 / 25 / 2008

Amount of Each Disbursement this Period

111.82

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Quinten J. Whiteside

Mailing Address 8017 Coleridge Dr

City
North Little Rock

State
AR

Zip Code
72116-4930

Purpose of Disbursement
Salary

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D211231

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

1352.12

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

One Banc Visa

Mailing Address P.O. Box 34113

City
Little Rock

State
AR

Zip Code
72203

Purpose of Disbursement
Credit Card Bill

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D211589

Date of Disbursement

12 / 29 / 2008

Amount of Each Disbursement this Period

7572.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

9036.19

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address P.O 582880</p> <p>City Kansas City State MO Zip Code 64195</p> <p>Purpose of Disbursement Travel Exp.-Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211832</p> <p>Date of Disbursement MM / DD / YYYY 12 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2139.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 5410 Landers Road</p> <p>City Sherwood State AR Zip Code 72117</p> <p>Purpose of Disbursement Office Equipment - Computer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211836</p> <p>Date of Disbursement MM / DD / YYYY 12 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1597.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) One Banc Visa</p> <p>Mailing Address P.O. Box 34113</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Annual Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D211846</p> <p>Date of Disbursement MM / DD / YYYY 12 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

FE5AN018

FEC Schedule B (Form 3) (Revised 02/2003)

29020081052

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

Washington Hilton

Transaction ID: D211831

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Mailing Address 1919 Connecticut Avenue, NW

City State Zip Code
Washington DC 20009

Purpose of Disbursement
Travel Exp. - Hotel

002

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

2743.42

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

48234.22

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)

Mark Pryor for US Senate

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF BLANCHE LINCOLN

Transaction ID: D211591

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	8

Mailing Address PO BOX 3197

City
LITTLE ROCK

State
AR

Zip Code
72203

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Senator Blanche Lincoln

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR

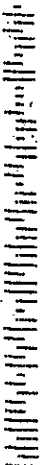
District:

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00



Rock, AR 72203

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United States Senate

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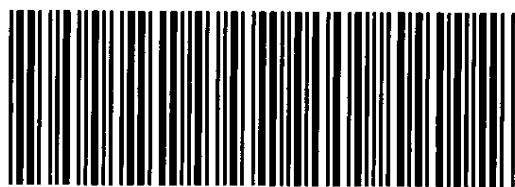
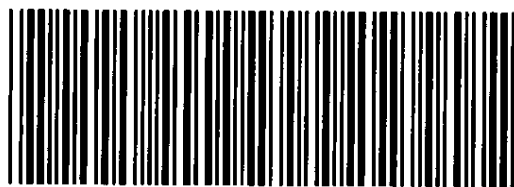
PREPARER

RD

DATE PREPARED

02-03-09

29020081056



29020081057